

FOSTER CARE / AGENCY PROVIDER PAYMENT HANDBOOK



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
FOSTER CARE SERVICES PROGRAM

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INTRODUCTION

This handbook is designed to help you as Department of Human Services (DHS) Foster Parents, Child Placing Agencies, Child Caring Institutions and other approved paid placements to correctly bill and receive payments from DHS for foster care or residential care. The table of contents can be consulted to direct you to a particular question or area. This handbook will explain how and when payments are made, the different types of payments that may be available, what to do or who to call if errors occur or if you have a question about a payment.

The payments referred to in this book are the **DHS payments** made on behalf of children funded by the State Ward Board and Care Fund and Federal Title IVE Funds of the Social Security Act. If you are not sure of the funding source or, where payments will come from for a youth in your care, ask the DHS case worker responsible for the youth.

FAMILY FOSTER CARE RATES

The family foster care payment rates are determined from the USDA standard cost of raising a child. These rates are reviewed annually and adjusted according to changes in the cost of living standards. The payment rates include the normal expenses such as food, replacement and maintenance of clothing, spending money and the cost of personal items, such as diapers, deodorant and shampoo.

Residential Care rates and Child Placing Agency Administrative rates vary by the type of care provided and programs offered.

DETERMINATION OF CARE SUPPLEMENT FOR FAMILY FOSTER CARE

There are instances in which the age appropriate payment does not cover extraordinary care or expenses that may be required of a foster parent. A Determination of Care Supplement or a Medically Fragile Supplement may be approved by the DHS. Determination of Care Supplements require completion of documentation assessing the *extraordinary* tasks a foster parent must perform to meet the exceptional needs of the child.

Examples of reasons for Determination of Care Supplements include:

- Physical handicaps requiring foster parents to provide measurably greater supervision and care.
- Special psychological or psychiatric needs requiring extraordinary time and attention.

Determination of Care Supplements are time limited and require DHS approval at supervisor or above level, both initially and at each review.



AUTHORIZATION

It is the DHS caseworker's responsibility to determine the appropriate payment source and to authorize payment for a youth's board and care. When this process is completed, and payment is from DHS, you will receive a **Notice of Authorization**¹. This will show the amount of payment authorized for the youth's care. You will begin to receive **Children's Foster Care Invoices**² which you must fill out and submit to the DHS Document Control Unit in order to receive payments.

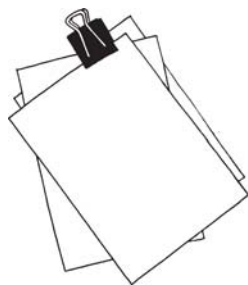
Note: Authorization of payments is a critical process that must be completed at least every 6 months by the DHS caseworker assigned to the youth. You will not continue to receive invoices if the authorization of payments has not been completed. If you do not receive an invoice for a youth who continues to be in your care, contact the assigned DHS caseworker.

Along with your invoice, a return envelope will be enclosed. Child Placing Agencies and Residential Institutions will be required to pay return postage.

The time frame for receiving a Notice of Authorization and Children's Foster Care Invoice may take longer due to the approval process, which can include the supervisor, county director, region office and policy office, in some cases. Therefore, do not become alarmed if you do not receive a Notice of Authorization or a youth is not listed on the invoice.

¹ See Exhibit A, Notice of Authorization

² See Exhibit B, Children's Foster Care Invoice



PAYMENT PROCESS

It is important that you keep accurate records for payments that you receive. Write down the youth's actual placement date and removal date. An invoice submitted for dates prior to the actual placement date will not be paid.

The initial Children's Foster Care Invoice covers a two-week period that includes the youth's actual placement date. Check the billing period dates on the top of each invoice as you may receive more than one invoice the first time. Be sure that the invoice billing period matches the time period on which you are reporting. You will receive an invoice from the Document Control Unit every two weeks which covers the next two-week billing period.

CHILDREN'S FOSTER CARE INVOICE (DHS-4765) ³

The Children's Foster Care Invoice is a two part form. Keep the second copy of the invoice for your own records. The invoice holds up to nine youths per page. If a mistake is made in reporting for one of the youths, payment will be made for the remaining youths while the error for the one is being resolved.

An invoice may be completed, signed and mailed by the foster parent or child-placing agency on the Friday of the second week of the pay period . Send it to the DHS Document Control Unit in Lansing. When filling out an invoice, use only a # 2 lead pencil. Only mark in the space provided. Marking outside the space or in other areas will delay payment. Once completed, tear off the carbon copy of the invoice and save it for your records.

After each payment, you will receive a **Statement of Payments** ⁴ and the next invoice in separate envelopes. The Statement of Payments provides you with an explanation of the last board and care payment received. If an error is indicated on the Statement of Payments, refer to the **Error Message Definitions** ⁵ for additional information.

Carefully review each invoice and Statement of Payments for accuracy.

³ See Exhibit B, Children's Foster Care Invoice

⁴ See Exhibit C, Statement of Payments

⁵ See Exhibit D, Error Message Definitions



HOW TO COUNT DAYS IN CARE

Begin with the actual date of placement and mark that day on the invoice. If the youth has remained in your care, mark the remaining days of the billing period.

Subsequent invoices are completed for a 14 day period for as long as a youth remains in care. To correctly count placement days, always count the first day the youth was placed, and every day of care after, until the youth's placement has ended. **When the placement ends, do not count the last day of care.**

The following are examples of how to count days of care:

EXAMPLE 1

Billing Period 3/20/06 to 4/02/06. Patty Peppermint has been in your care for several billing periods, she is moved on 3/30/06. Tom Thumb is placed in your care on 3/26/06 and removed on 3/29/06.

CASE NAME PEPPERMINT PATTY	RECIPIENT ID 0101010101	CASE NUMBER V1020123A	AUTH. LOAD NUMBER 3300112253
FULL BILLING PERIOD 0	PER DAY MO TU WD TH FR SA SU	MO TU WD TH FR SA SU	
	0 0 0 0 0 0 0	0 0 0 0 0 0 0	
CASE NAME THUMB TOM	RECIPIENT ID 0789798881	CASE NUMBER V8989676A	AUTH. LOAD NUMBER 3311251157
FULL BILLING PERIOD 0	PER DAY MO TU WD TH FR SA SU	MO TU WD TH FR SA SU	
	0 0 0 0 0 0 0	0 0 0 0 0 0 0	

Provider is eligible for **10 days** of payment for Patty Peppermint and **3 days** of payment for Tom Thumb.

Note: Do not count the actual day the youth left your care.

EXAMPLE 2

Billing Period: 3/20/06 - 4/02/06. Sam Stone remains in the provider's care for the "full Billing Period" of 14 days from 3/20/06 - 4/02/06. Mary Morgan was on a 3 day home visit, approved by her DHS case worker, then returned to the provider's home.

CASE NAME STONE SAM	RECIPIENT ID 8989323211	CASE NUMBER V2345876A	AUTH. LOAD NUMBER 3300112200
FULL BILLING PERIOD	PER DAY	MO TU WD TH FR SA SU	MO TU WD TH FR SA SU
	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0
CASE NAME MORGAN MARY	RECIPIENT ID 0781212345	CASE NUMBER V4989678A	AUTH. LOAD NUMBER 2100008900
FULL BILLING PERIOD	PER DAY	MO TU WD TH FR SA SU	MO TU WD TH FR SA SU
	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0

Provider is eligible to receive payment for **14 days** of care for both Sam and Mary, see how to count approved days of absence.

When a youth has remained in your care for the full two-weeks, including an approved absence, mark the "Full Billing Period" space. Sign and return the invoice at the end of the Billing Period.

APPROVED DAYS OF ABSENCE

An approved absence is any regularly planned temporary absences, such as attending summer camp or home visits. When the **DHS case worker** approves the days of absence, you are able to receive payment for up to 5 days, as long as the placement is maintained and the youth is to return to your care.

You must have prior approval from the assigned DHS case worker before payment for these temporary absences can be made. For all **approved temporary absences**, mark the invoice the same as regular days of care.

UNAPPROVED DAYS OF ABSENCE

Unapproved days of absence are also known as truancies, AWOL, or Escape. These are situations when a youth leaves a placement **without permission and remains absent overnight**. Unapproved absences must be reported to the DHS caseworker as soon as possible so that the absence can be recorded on the system.

Many times, a youth, after leaving a placement without permission, will be returned to the same placement. This could occur within the same billing period. However, payment authorization is stopped effective the day the youth left. Even if the youth returns within the same billing period, **you are only to use the invoice up to, but not including, the day the youth left your care.**

Another authorization of payment must be completed by the DHS caseworker. You will receive another Notice of Authorization and invoice for the same period of time for the youth.

The following are examples for counting days of care if a youth truants.

EXAMPLE 3

Billing Period: 3/20/06 - 4/02/06. Jack and Jill truant on 3/26/06. **The DHS caseworkers are required to end the payment authorization within 24 hours of the youths leaving the placement.**

CASE NAME BEAN JILL	RECIPIENT ID 7856458909	CASE NUMBER V1098542Q	AUTH. LOAD NUMBER 3300112233
FULL BILLING PERIOD 0	PER DAY MO TU WO TH FR SA SU 0 0 0 0 0 0 0	MO TU WO TH FR SA SU 0 0 0 0 0 0 0	
CASE NAME HILL JACK	RECIPIENT ID 6756453412	CASE NUMBER V89012896C	AUTH. LOAD NUMBER 7899251147
FULL BILLING PERIOD 0	PER DAY MO TU WO TH FR SA SU 0 0 0 0 0 0 0	MO TU WO TH FR SA SU 0 0 0 0 0 0 0	

The provider submits for only **6 days** of care for each youth.

Remember, the DHS caseworker must end the payment authorization within 24 hours. This occurs even if the youth returns to the same provider's care after days of unapproved absence.

RECEIVING PAYMENTS

If the completed invoice is received by the Document Control Unit, before noon, on the Wednesday following the end of a billing period, it will be scanned and processed through the payroll on Friday / Saturday. The warrant information will then be sent to the state's accounting system on the following Tuesday. The information is returned to Treasury on Wednesday morning and the check will be mailed that evening. Invoices and payrolls are processed every week, for mailing dates see **Payment Schedule⁶** at the end of this handbook.



Example: The billing period ends on Sunday (1/1). You mail the invoice to the Document Control Unit on Monday (1/2). They receive it on Wednesday morning (1/4). The invoice is then scanned and processed through the payroll (1/6). On Tuesday (1/10), the warrant information is sent to the state's accounting system. Your check will be mailed out by the Treasury Department on Wednesday (1/11). Thus it has taken ten days from the end of the billing period until the check is in the mail to you.

However, if you were to forget to mail the invoice until Thursday (1/5), the invoice would be scanned and processed in next week's payroll (1/13). The warrant information would be sent to the state's accounting system on Tuesday (1/17) and your check would be mailed out by the Treasury Department on Wednesday (1/18).

Note: State and federal holidays, and other postal delays, can slow down the payment process.



⁶See Exhibit G, Payment Schedule

HELPFUL TIPS:

- Use only a #2 lead pencil to complete the invoice.
- Do not mail the invoice **until after** the end of the billing period.
- When invoices are received, review them for accuracy.
- The invoice is a two part form, keep the second copy for your records. Always submit the original invoice to the DHS Document Control Unit.
- **Remember the placement payment rule:** Always count the first day of placement, but not the day the placement ends.
- **Approved leaves** from a provider's care require prior-approval from the assigned DHS case worker.
- When a youth goes on an unapproved absence (truants, AWOL/Escape), payments on the current invoice stop. Contact the DHS caseworker as soon as possible.
- Review the Statement of Payments,⁷ State of Michigan Remittance Advice⁸ and Error Message Definitions⁹ for information on the payments you receive.
- If you have a question, call the Payment Information Unit at 1-800-444-5364.

ELECTRONIC FUNDS TRANSFER (EFT)

Electronic funds transfer (EFT) is available for direct deposit of State of Michigan payments to your bank account for DHS supervised foster homes only. For more information or to sign up for EFT, go to the Contract and Payment Express Website www.cpexpress.state.mi.us.

OVERPAYMENTS

It is the responsibility of the assigned DHS caseworker to ensure that the authorization time period is correct. It is important that you submit invoices with the correct number of days of placement for each youth. The new payment system is designed to avoid making overpayments. If an over-payment occurs, contact the youth's assigned DHS caseworker who will make a referral to the Payment Reconciliation unit to initiate the repayment process as DHS requires that repayment be made to the State of Michigan.

ADJUSTING FOR AN UNDERPAYMENT

Occasionally an underpayment occurs. A common reason for an underpayment would be if the case worker authorizes the standard daily rate and conditions soon indicate that a Determination of Care Supplement is appropriate. After completion of the Determination of Care documentation with the foster parent and completion of required approvals, a retroactive adjustment can be made by the DHS caseworker.

You will not need to complete a second invoice for the same billing period. In this situation, you already completed an invoice stating that care was provided for the youth during the time period. The payment adjustment for the underpayment will be included in a future check and be indicated on a Statement of Payments.

⁷ See Exhibit C, Statement of Payments

⁸ See Exhibit E, State of Michigan Remittance Advice

⁹ See Exhibit D, Error Message Definitions

NON-SCHEDULED PAYMENTS

A non-scheduled payment is a request for such things as an initial clothing allowance, tutoring, graduation expenses, limited mental health, medical and dental services. Each category of non-scheduled payment has its own requirements regarding age, documentation, legal status of the youth and necessary approvals.

The non-scheduled payment process will also enable the DHS caseworker to request corrections for services prior to the start up date of this new system. These corrections will be reviewed on a case by case basis by the Foster Care Policy Office before being entered on the system for payment.

A room and board authorization must be in place for the same time period in order for a non-scheduled payment to be made. These payment requests are processed by the DHS caseworker, generally after submission of receipts. Any questions regarding requests for non-scheduled payments must be discussed with the assigned DHS caseworker prior to incurring the expense. Upon approval, the payments are included with the next regularly scheduled payroll.

The Statement of Payments will not show the non-scheduled payments since they are processed outside of the invoice process. Instead, these will be listed directly on the State of Michigan Remittance Advice (check stub). The *reason* for the non-scheduled payment will be indicated on the check stub as a CFC Service Code number. CFC Service Code numbers and their corresponding reasons can be found in, Exhibit F, **Non-Scheduled Payments Service Codes** at the end of this manual.

SEMI-ANNUAL CLOTHING ALLOWANCE AND HOLIDAY ALLOWANCE

The semi-annual clothing allowance is automatically sent to providers for children who are in state paid family foster care placements on August 31 and February 28. The holiday allowance is automatically sent for children who are in state paid placements (family foster care or youth who are in an Independent Living placement) on November 30. These allowances will be paid on the next payroll *after* these dates.

REPLACING A LOST OR DESTROYED INVOICE

If you lose an invoice or the one you received was accidentally thrown away or destroyed, there are two things you can do:

- Request a replacement of the **entire invoice** by contacting the Payment Information Unit at 1-800-444-5364. Your DHS caseworker will not be able to do this for you.
- Use a Children's Foster Care Invoice **DHS-4765X** which is a blank version of the regular invoice. You will need to hand write all the identifying information as it appears on other invoices. This blank invoice will be available from the DHS county office. Please refer to the directions

DID YOU KNOW...

on the back of the form. This form will not be scanned when it reaches the Document Control Unit so it may take longer to process.



REPLACING A LOST OR DESTROYED CHECK

If a check becomes lost, destroyed, stolen, or undelivered, there are certain steps that must be followed.

If lost, call the Document Control Unit to verify that a check was written and find out its mailing date. The process to replace it cannot be started until four days have passed since the check was mailed. Next, contact the post office to determine if the postman can verify delivery.

If you believe your check was stolen, you must report the theft to the police.

If the check was destroyed, save the remains of the check. It must be attached to the affidavit referenced below.

Warrants (checks) reported lost, destroyed, not received or stolen may be replaced / rewritten after recovery is made on the original warrant. Recovery means that the value of the warrant has been credited back to the account it was written from or if a forged warrant has cleared Treasury, that the person who cashed the forged warrant has reimbursed the state.

An **Affidavit Claiming Lost, Destroyed, Not Received or Stolen State Treasurer's Warrant** or an **Affidavit Claiming Forged Endorsement** is required to replace a warrant. In most cases, the affidavit must be notarized. These forms are available at the local DHS office. There are several special procedures involved in warrant replacement. The DHS caseworker or the Payment Information Unit will help you with this process.

Should a check be lost or destroyed contact the Payment Information Unit at 1-800-444-5364 to determine which worker will initiate the replacement process. Be sure to have your copy of the invoice available when you call.

RECORD KEEPING:

It is suggested that you keep copies of all Children's Foster Care Invoices, Statements of Payments, State of Michigan Remittance Advice documents (check stubs) and Notices of Authorization. These will help you if you need to call the Payment Information Unit for assistance with any questions or problems related to a particular payment.

MAILING ADDRESS:

Mail the invoice to:

DOCUMENT CONTROL UNIT
Department of Human Services
P O Box 30025
Lansing, MI 48909-7525

PAYMENT INFORMATION UNIT:

If you need assistance from the DHS Payment Information Unit. The telephone number is:
1-800-444-5364.

CALL THE PAYMENT INFORMATION UNIT WHEN:

- you have non-child-specific payment questions
- you do not understand what an error message means on your Statement of Payments, after checking the definitions in Exhibit D.
- you want to determine if and when a check has been issued and mailed
- you need to know if authorization has been entered into the system
- you receive an invoice which is in error; for example, the youths listed are not those youths who are in your care
- you lose an invoice or a check



CALL THE DHS CASEWORKER WHEN:

- you have not received a Notice of Authorization. Allow at least two weeks from the date of placement.
- You notice an error on an invoice, for example, an inaccurate case number or misspelling of a child's name.
- you do not know if you should expect an invoice for a youth in your care.



QUESTIONS AND ANSWERS

1. What is a billing period?

A billing period is a two-week period of time. There are 26 billing periods in a year. All children's foster care billing periods begin on a Monday and end two weeks later on a Sunday. Check the Payment Schedule¹⁰ for the begin and end dates of the billing periods.

2. What is a Children's Foster Care Invoice¹¹?

An invoice is a report that identifies the youth(s) for whom payment authorization was in effect during a two-week billing period. At the end of the billing period, you as the provider, complete the invoice by marking the number of days in care for each youth. You sign and date the invoice and mail it to the Document Control Unit in Lansing. Keep the second copy of the invoice for your records.

3. What is a Statement of Payments¹²; and what should I do with it?

A Statement of Payments is a detailed explanation and break down of your board and care payment. Carefully review it for accuracy and keep it for future reference. You will receive a Statement of Payments for each board and care check you receive from the State of Michigan.

4. How often will I receive payment?

When you mail a completed and signed invoice to the Document Control Unit in Lansing, payment will usually be mailed out within two weeks.

¹⁰ See Exhibit G, Payment Schedule

¹¹ See Exhibit B, Children's Foster Care Invoice

¹² See Exhibit C, Statement of Payments

5. How do I count days of care when a child goes on an approved leave (e.g. home visits), or is on an unapproved leave (AWOL/Escape)?

An approved leave is counted the same way as the other days of placement for that youth. When an unapproved leave (AWOL/Escape) occurs, payment stops if the youth is absent over night. Review that section of this handbook on page 6 for more information.

6. During a billing period, another youth is placed into my care. I have not yet received an invoice with the youth's name on it. Can I enter this youth's information on the invoice I already have?

Yes, but it is better not to enter any information about the newly placed youth on the preprinted invoice because it will delay your payment. It will be better to wait until you receive a Notice of Authorization and an invoice for the youth. Subsequent invoices will have all youths listed who are in your care.

The preprinted invoice is designed to be electronically scanned. An invoice with hand entered information will be rejected and will need to be manually processed which will cause a delay in payment. A Children's Foster Care Invoice, DHS-4765X, will be available from your worker if you wish to hand enter information about youths in your care for whom you do not have an invoice. DHS-4765X's are all processed manually for payment.

7. Several weeks ago we had a child placed with us but we still have not received an invoice. What do we do?

Contact the DHS caseworker assigned to the youth to determine what the hold up is. Once the authorization process is completed, you will receive a Notice of Payment Authorization¹³ and an invoice from Lansing. Remember you will only receive this for youth whose care is paid for by the State of Michigan. County Child Care funded youth are not covered by this payment system.

8. What should I do if an invoice is lost or destroyed?

You can contact the Payment Information Unit at 1-800-444-5364 to obtain a replacement of an entire invoice for the billing period.

Or, you can use the DHS-4765X and hand enter all the identifying information. This is a blank invoice available at the DHS county office.

9. What do I do if I identify errors on the invoice I just received?

If the error is specific to one youth contact the DHS caseworker responsible for the youth. If it is not, call the Payment Information Unit.

¹³ See Exhibit A, Notice of Payment Authorization

10. What do I do if the check (warrant) is lost or destroyed?

If a check is not received, lost, destroyed or stolen, there are specific steps that must be taken. Refer to page 10.

11. I have mislaid the return envelope. Where do I send the invoice if I put it in my own envelope?

The mailing address is:

Document Control Unit
Michigan Department of Human Services
P O Box 30025
Lansing, MI 48909-7525

If you do use your own envelope it will delay payment.

12. Is it OK to send to, or drop off the invoice at the local DHS office?

No! Do not send an invoice to a local DHS office. It will delay the payment. Send all invoices to the Document Control Unit in Lansing.

13. Should I keep copies of Children's Foster Care Invoices,¹⁴ Statements of Payments¹⁵ and State of Michigan Remittance Advice¹⁶ documents?

Keeping good records is always a good idea. Keep all of the payment information you receive in a secure area for future reference should there be any questions on a particular payment. The invoice is a two part form. Mail the original to the Document Control Unit; keep the second part for your records. It is very important for providers to review every Statement of Payments and Remittance Advice (check stub) they receive for foster care and report errors to the DHS caseworker.

14. What do we do if we receive an overpayment or experience an underpayment?

Contact the local DHS caseworker for that youth. The worker will make an adjustment according to the situation.

15. What about semi-annual clothing allowances and non-scheduled payments? Do I have to ask the DHS caseworker for these?

Semi-annual clothing allowances and the holiday allowance are automatically sent based on payment authorizations in effect for the billing period in which these payments are made. There will be no need to send in an invoice separately for the semi-annual clothing allowance nor to ask for these payments.

¹⁴ See Exhibit B, Children's Foster Care Invoice

¹⁵ See Exhibit C, Statement of Payments

¹⁶ See Exhibit E, State of Michigan Remittance Advice

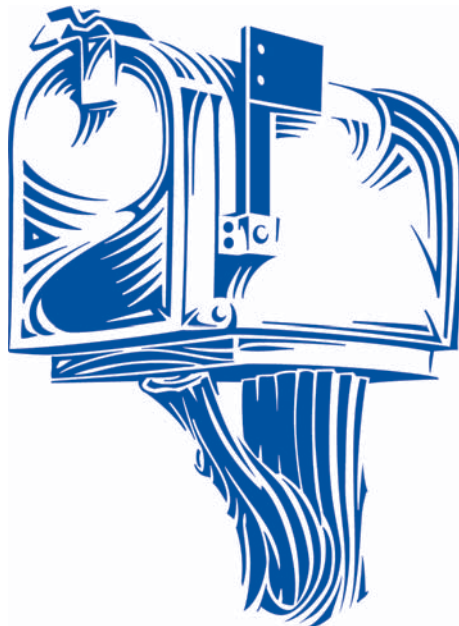
Non-scheduled payments must be requested and are processed by the assigned DHS caseworker on an individual basis. Generally, a payment authorization must be in effect for the youth during the time that non-scheduled payment request is made. Talk to the DHS caseworker **before** incurring the expenses to assure reimbursement.

The explanation of the non-scheduled payment will not be included in the Statement of Payments. Non-scheduled payments will be listed on the State of Michigan Remittance Advice (check stub) as they are paid outside of the invoice process. The ***reason*** the non-scheduled payment was issued will be displayed in a service code column with a CFC number. A list of non-scheduled payment service code CFC numbers and their corresponding reasons can be found in Exhibit F on page 23.

TO OBTAIN ADDITIONAL COPIES OF THIS HANDBOOK WRITE TO:

Document Control Unit
Michigan Department of Human Services
P O Box 30025
Lansing, MI 48909

If you still have questions after reviewing this handbook, contact the Payment Information Unit for further assistance at 1-800-444-5364



REMINDERS

- You must fill out the children's Foster Care Invoice Form enclosed, and send it back to the Document Control Unit in DHS in order to receive payment for Foster Care.
- Use a number 2 pencil to mark the invoice. This has proven to be the most accurate for the scanner.
- Always check the BILLING PERIOD dates at the top of the invoice in the upper right hand corner. Complete the invoices at the end of the BILLING PERIOD. If you return them too early, DHS will send them back to you.
- Be sure to sign each invoice. Unsigned invoices will also be returned to you.
- Use the *Return Envelopes* provided with the invoices and return the invoices by regular US Mail.
- Error message definitions are included on pages 20 and 21.
- If you lost the FOSTER CARE/AGENCY PROVIDER PAYMENT HANDBOOK you can receive another copy by calling the DHS Payment Information Unit hotline number and asking for one.
- The DHS Payment Information Unit hotline number is 1-800-444-5364.
- If the payment period includes a holiday, receipt of payment may be delayed.

EXHIBIT A
SAMPLE
STATE OF MICHIGAN



JENNIFER GRANHOLM, Governor
DEPARTMENT OF HUMAN SERVICES
MARIANNE UDOW, Director

August 1, 2005

Robert and Ann Kelly
1713 Biloxi Drive
Lansing, MI 48912

Case Name: Stone Sam
Case Number: V2345876A
Worker Number: 3300112201
Provider Number: 1234567

NOTICE OF AUTHORIZATION

You have been authorized to receive board and care payments for *Sam Stone* effective *August 1, 2005*.

This Authorization is in effect as long as the youth remains in your care or until *January 31, 2006*. A redetermination is required for payment beyond that date.

Payments have been authorized in the amount of **\$19.24** per day as follows:

Age Appropriate Rate	\$14.24
Determination Care Level I	5.00
Total	\$19.24

If you have any questions about this Notice of Authorization, please call the DHS case-worker responsible for this youth.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

EXHIBIT B **SAMPLE** **CHILDREN'S FOSTER CARE INVOICE**

STATE OF MICHIGAN
Department of Human Services
CHILDREN'S FOSTER CARE INVOICE

BILLING PERIOD															
NO				DA				YEAR				TO			
3/20/06								4/02/06							
PROVIDER NUMBER															
1				2				3				4			
5				6				7							

Provider Name
Provider Address
City, State Zip Code

RETURN TO:
DOCUMENT CONTROL UNIT

1 CASE NAME	5 RECIPIENT ID	6 CASE NUMBER	7 AUTH. LOAD NUMBER
Peppermint Patty	0101010101	V1020123A	3300112255
8 FULL BILLING PERIOD		9 PER DAY	

10 CASE NAME	11 RECIPIENT ID	12 CASE NUMBER	13 AUTH. LOAD NUMBER
Thumb Tom	0789798881	V8989676A	3311251157
14 FULL BILLING PERIOD		15 PER DAY	

16 CASE NAME	17 RECIPIENT ID	18 CASE NUMBER	19 AUTH. LOAD NUMBER
Stone Sam	8989323211	V2345876A	3300112200
20 FULL BILLING PERIOD		21 PER DAY	

22 CASE NAME	23 RECIPIENT ID	24 CASE NUMBER	25 AUTH. LOAD NUMBER
Morgan Mary	0781212345	V4989677A	2100008900
26 FULL BILLING PERIOD		27 PER DAY	

28 CASE NAME	29 RECIPIENT ID	30 CASE NUMBER	31 AUTH. LOAD NUMBER
Bean Jill	7856458909	V1098542Q	3300112233
32 FULL BILLING PERIOD		33 PER DAY	

34 CASE NAME	35 RECIPIENT ID	36 CASE NUMBER	37 AUTH. LOAD NUMBER
Hill Jack	6756453412	V8901289C	7899251147
38 FULL BILLING PERIOD		39 PER DAY	

40 CASE NAME	41 RECIPIENT ID	42 CASE NUMBER	43 AUTH. LOAD NUMBER
44 FULL BILLING PERIOD		45 PER DAY	

46 CASE NAME	47 RECIPIENT ID	48 CASE NUMBER	49 AUTH. LOAD NUMBER
50 FULL BILLING PERIOD		51 PER DAY	

52 CASE NAME	53 RECIPIENT ID	54 CASE NUMBER	55 AUTH. LOAD NUMBER
56 FULL BILLING PERIOD		57 PER DAY	

PROVIDER CERTIFICATION

CERTIFICATION: This is to certify that I or the agency I represent have provided the above care. I understand that payment will be made from Federal and/or State funds, and that if I have made false statements, submitted false billings, or have left out necessary information on purpose, I may be prosecuted for fraud under applicable Federal or State laws.

PROVIDER'S SIGNATURE

Provider Name

CHILDREN'S FOSTER CARE INVOICE (DHS-4765)

PURPOSE AND GENERAL INFORMATION

- Submit an Invoice for children listed in order to receive foster care payments.
- Return the Invoice after the end of the two-week billing period. The billing period is printed on the top right hand corner and always ends on a Sunday.
- Do not write messages or notes on the Invoice. This will delay the payment.
- Do not write in additional names of children on the Invoice. You will get another Invoice for newly placed children once the foster care payment is authorized.

Note: Payments will be made only if there is an Authorization on the DHS computer system, entered by DHS staff. You will get a notice when payment is authorized.

INSTRUCTIONS

For each child listed, use a number 2 pencil and fill in the correct number of days of care for the two week (14 day) billing period. If the child was in your care for the entire 14 day billing period, fill in the space for the full period. See example below:

1	4 CASE NAME JONES JOHNNY	5 RECIPIENT ID 0102030404	6 CASE NUMBER V1234567A	7 AUTH. LOAD NUMBER 3310001104
8 FULL BILLING PERIOD	9 PER DAY	MO TU WD TH FR SA SU 0 0 0 0 0 0 0	MO TU WD TH FR SA SU 0 0 0 0 0 0 0	

If the child was in care for less than the 14 days, indicate which days the child was in your care. Always indicate the last **full** day of care. See example below:

Note: The last **full** day of care is the day prior to the day the child left your home or your facility. Payments are made for the first day of care or day of admission, but not for the day of departure.

In the following example, Jane Jones was in the home from Monday through Friday of the first week and left the placement on Saturday afternoon. The invoice should be completed as follows:

1	4 CASE NAME JONES JANE	5 RECIPIENT ID 0071538920	6 CASE NUMBER V2345671A	7 AUTH. LOAD NUMBER 1900000307
8 FULL BILLING PERIOD	9 PER DAY	MO TU WD TH FR SA SU 0 0 0 0 0 0 0	MO TU WD TH FR SA SU 0 0 0 0 0 0 0	

CERTIFICATION

- Read the statement. **Sign and date the form.** Unsigned / undated forms will be returned.
- Remove the perforated edges (stubs) from both sides of the invoice after signing and dating.
- **Return** the top (**white**) copy of the invoice in the enclosed envelope.
- **Keep** the second (**yellow**) copy of the invoice and file it with your records.
- If you have any questions about this invoice, you may call the DHS Payment Information Unit at 1-800-444-5364.

AUTHORITY: P.A. 280 of 1939
COMPLETION: Voluntary
PENALTY: Provider must submit in order to be paid.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

EXHIBIT C
SAMPLE
STATEMENT OF PAYMENTS

MICH. DEPARTMENT OF HUMAN SERVICES
P.O. BOX 30025
LANSING, MI 48909

PROVIDER PAGE 01
REPORT PAGE 01
RUN DATE 4/06/2006

MICHIGAN DEPARTMENT OF HUMAN SERVICES
MPS STATEMENT OF PAYMENTS
REPORT NUMBER NA-920X

PROVIDER NAME	VOUCHER/LOC NO.:	U000
PROVIDER ADDRESS	VOUCHER DATE:	10/09/1998
CITY, STATE, ZIP	PROVIDER ID NUMBER:	7856342
	REQUESTER CODE	00 00007834
	PAYROLL DATE	4/06/06

NEW CLAIMS RECEIVED 6	PREVIOUS CLAIMS APPROVED	0
NEW CLAIMS APPROVED 5	PREVIOUS CLAIMS PENDED	0
NEW CLAIMS REJECTED 1	PREVIOUS CLAIMS DELETED	0
NEW CLAIMS PENDED 0	PREVIOUS CLAIMS REJECTED	0
NEW CLAIMS DELETED 0		

RECIPIENT NAME	ID NUMBER	CASE NUMBER	DAYS	RATE	AMOUNT	DOCUMENT	ACTION/
PAYMENT TYPE	BILLING PERIOD					NUMBER	REASON
PEPPERMINT PAT	0101010101	V102012A	10			044339989-1	PD
BOARD & CARE	3/20/06 - 4/02/06			14.25	142.50		
THUMB TOM	0789798881	V9999999X	3			044339989-2	1805
BOARD & CARE	3/20/06 - 4/02/06			17.59	52.77		
STONE SAM	8989323210	V234587D	14			044339989-3	PD
BOARD & CARE	3/20/06 - 4/02/06			19.25	269.50		
MORGAN MARY	0781212345	V498967C	14			044339989-4	PD
BOARD & CARE	3/20/06 - 4/02/06			14.25	199.50		
BEAN JILL	7856458909	V109854Q	6			044339989-5	PD
BOARD & CARE	3/20/06 - 4/02/06			27.59	165.54		
HILL JACK	6756453412	V890128C	6			044339989-6	PD
BOARD & CARE	3/20/06 - 4/02/06			17.59	105.54		

1. BALANCE FROM PREVIOUS STATEMENT	.00
2. CLAIMS APPROVED THIS PERIOD	935.35
3. CLAIMS APPROVED PRIOR PERIODS	.00
4. AMOUNT DUE THIS STATEMENT	935.35
5. AMOUNT REPAID TO DHS	N/A
6. TOTAL CLIENT PAY AMOUNT	.00
7. TOTAL AMOUNT TO BE PAID	935.35

EXHIBIT D
SAMPLE
ERROR MESSAGE DEFINITIONS

Whenever one or more of the children listed on the Statement of Payments has not been processed for payment due to an error condition, a four digit number will be printed after the youth's name in the last column on the Statement of Payments, titled ACTION / REASON. The following error messages correspond to the error message numbers which may appear on the Statement of Payments.

See example of an error message number on the Statement of Payments sample, found on page 20, under the name, Tom Thumb.

- 1801 Duplicate billing** - more than one invoice for the same youth has been submitted for the same time period.
- 1802 Recipient ID invalid** - the 10 digit identifying number for the youth was entered or scanned incorrectly.
- 1803 No authorization for this client and provider** - no payment authorization for this youth with this provider is on the central DHS computer system for this billing period. Contact the DHS caseworker for the youth.
- 1804 Recipient name / ID not on CIS** - the youth's name and identifying number was not found on the DHS Client Information System. Contact the DHS caseworker for the youth.
- 1805 Case number invalid** - the 9 character identifier, which begins and ends with a letter, was entered or scanned incorrectly.
- 1806 Recipient not a member of Case** - the case number and recipient ID number do not match, this may occur when an invoice is hand written.
- 1807 Provider ID invalid** - the provider's 9 digit identifying number was entered or scanned incorrectly.
- 1808 Provider number not eligible** - the provider is not licensed for the period billed; therefore, not eligible for payment.
- 1810 Service period invalid** - the billing period dates were entered or scanned incorrectly; or, billing is for a future pay period. See Exhibit E, Child Foster Care Schedule for correct billing period dates.
- 1811 Case not on CIS** - there is no record of this case on the DHS Client Information System.

- 1812 Invalid CIS recipient Birthdate** - the youth's birthdate indicates they are not of an age eligible for foster care payments.
- 1813 Recipient not authorized for period billed** - no payment authorization has been found for this youth. Contact the DHS worker to determine why payment has not yet been authorized.
- 1814 Provider not on CIS** - the provider is not found on the DHS Client Information System.
- 1816 Pay begin and end date invalid** - the billing period dates were entered or scanned incorrectly. See Exhibit G, Child Foster Care Payment Schedule for correct billing period dates.
- 1817 Pay date out of service date range** - no authorization was in place for the dates for which payment is requested.
- 1818 No authorization for adjustment** - the invoice is submitted for a previously paid period during which there was a rate change and the authorization no longer exists.
- 1819 Adjustment for lower amount** - an invoice is submitted for a previously paid period during which there was a rate change, which lowered the payment amount.
- 1820 Invoice submitted before pay end date** - the invoice cannot be post marked before the end of the billing period.
- 1821 No provider tax number** - the tax number was not found on the provider file.
- 1822 No payment recipient on MPS** - the provider model payments number or the license number is inactive for the time period billed.
- 1824 Service rate not found for period** - the payment rate record is not found on the data base.
- 1826 Invalid CFC funding source** - the youth's care is funded by a source, which is not paid for by the model payments system, for example County Child Care Funds.
- 1827 Invalid CFC living arrangement** - the youth's living arrangement is not paid by the model payments system, for example a youth placed in their own home.
- 1828 Invalid CFC target group / legal status** - the youth's legal status is not paid by the model payments system, for example a youth who is not a court or state ward.

**EXHIBIT E
SAMPLE
STATE OF MICHIGAN REMITTANCE ADVICE**

000 123456789

Page 1 OF 1

003935

STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC	AMOUNT
44A 431 MODEL PAYMENTS					
38228145650002	03/23/06	SEE REMITTANCE ADVICE	FF3750	VZFF01BX	1008.60
VOUCHER NO. FF3700 VOUCHER LOCATION NO. 0001 VOUCHER DATE 03/23/06					
PROVIDER ID NO/NAME 0326273 ROBERT AND ANN KELLY					

PLEASE CONSULT YOUR STATEMENT OF PAYMENTS FOR DETAILED PAYMENT INFORMATION

CLIENT NAME	CASE NO.	SERVICE PERIOD	PYMT	AMOUNT	SERVICE CODE
STONE SAM	K1234567A	03/06/06 - 03/19/06	REG	200.00	CFC 0802
THUMB TOM	V1234567A	03/06/06 - 03/19/06	REG	150.00	CFC 0808
PEPPERMINT PAT	V1020123A	03/06/06 - 03/19/06	REG	175.00	CFC 0822
PEPPERMINT PAT	V1020123A	03/06/06 - 03/19/06	REG	32.00	CFC 0809

PLEASE KEEP THIS DOCUMENT FOR YOUR TAX RECORDS

TOTAL 557.00

WARRANT AMOUNT \$ 1565.60

DETACH HERE -- RETAIN STUB FOR YOUR RECORDS -- DETACH HERE

EXHIBIT F
NON-SCHEDULED PAYMENT
SERVICE CODES AND REASONS

SERVICE CODE #	PAYMENT REASON
8001	Initial Clothing ages 0 to 5 years
0802	Initial Clothing ages 6 to 12 years
0803	Initial Clothing ages 13 to 18 years
0804	Initial Clothing ward child
0805	School Tutoring
0806	Graduation Expenses
0807	Mental Health Services
0808	Mental Health / Psychological Evaluation
0809	Transportation
0810	Assisted Care
0832	Drivers Education

The Following Must be Approved by Foster Care Policy Office

0821	Special Clothing ages 0 to 5 years
0822	Special Clothing ages 6 to 12 years
0823	Special Clothing ages 13 to 18 years
0824	Special Clothing ward child
0825	Medical Expenses
0826	Dentures / Dental Expenses
0827	Exceptional Request
0829	Service Code Adjustments
0831	Out of State School Tuition

SYSTEM GENERATED PAYMENTS

0896	Age Appropriate Rate for Semi-annual Clothing Allowance ages 00 - 12
0897	Age Appropriate Rate for Semi-annual Clothing Allowance ages 13+
0898	Holiday Allowance

CHILD FOSTER CARE PAYMENT SCHEDULE 2006

BILLING PERIOD		INVOICE RECEIVED BY PAYMENT CONTROL	TENTATIVE WARRANT
BEGIN	END		DELIVERY DATE
12/12/2005 - 12/25/2005		12/28/2005	01/06/2006*
		01/04/2006	01/13/2006
12/26/2005 - 01/08/2006		01/11/2006	01/20/2006
		01/18/2006	01/27/2006
01/09/2006 - 01/22/2006		01/25/2006	02/03/2006
		02/01/2006	02/10/2006
01/23/2006 - 02/05/2006		02/08/2006	02/17/2006
		02/5/2006	02/24/2006*
02/06/2006 - 02/19/2006		02/22/2006	03/03/2006
		03/01/2006	03/10/2006
02/20/2006 - 03/05/2006		03/08/2006	03/17/2006
		03/15/2006	03/24/2006
03/06/2006 - 03/19/2006		03/22/2006	03/31/2006
		03/29/2006	04/07/2006
03/20/2006 - 04/02/2006		04/05/2006	04/14/2006
		04/12/2006	04/21/2006
04/03/2006 - 04/16/2006		04/19/2006	04/28/2006
		04/26/2006	05/05/2006
04/17/2006 - 04/30/2006		05/03/2006	05/12/2006
		05/10/2006	05/19/2006
05/01/2006 - 05/14/2006		05/17/2006	05/26/2006
		05/24/2006	06/02/2006*
05/15/2006 - 05/28/2006		05/31/2006	06/09/2006
		06/07/2006	06/16/2006
05/29/2006 - 06/11/2006		06/14/2006	06/23/2006
		06/21/2006	06/30/2006
06/12/2006 - 06/25/2006		06/28/2006	07/07/2006*
		07/05/2006	07/14/2006

*Warrants may be delayed due to holidays

CHILD FOSTER CARE PAYMENT SCHEDULE

BILLING PERIOD		INVOICE RECEIVED BY PAYMENT CONTROL	TENTATIVE WARRANT
BEGIN	END		DELIVERY DATE
06/26/2006 - 07/09/2006		07/12/2006	07/21/2006
		07/19/2006	07/28/2006
07/10/2006 - 07/23/2006		07/26/2006	08/04/2006
		08/02/2006	08/11/2006
07/24/2006 - 08/06/2006		08/09/2006	08/18/2006
		08/16/2006	08/25/2006
08/07/2006 - 08/20/2006		08/23/2006	09/01/2006
		08/30/2006	09/08/2006*
08/21/2006 - 09/30/2006		09/06/2006	09/15/2006
		09/13/2006	09/22/2006
09/04/2006 - 09/17/2006		09/20/2006	09/29/2006
		09/27/2006	10/06/2006
09/18/2006 - 10/01/2006		10/04/2006	10/13/2006
		10/11/2006	10/20/2006
10/02/2006 - 10/15/2006		10/18/2006	10/27/2006
		10/25/2006	11/03/2006
10/16/2006 - 10/29/2006		11/01/2006	11/10/2006
		11/08/2006	11/17/2006
10/30/2006 - 11/12/2006		11/15/2006	11/24/2006*
		11/21/2006	12/01/2006
11/13/2006 - 11/26/2006		11/29/2006	12/08/2006
		12/06/2006	12/15/2006
11/27/2006 - 12/10/2006		12/13/2006	12/22/2006
		12/20/2006	12/29/2006*
12/11/2006 - 12/24/2006		12/27/2006	01/05/2007*
		01/03/2007	01/12/2007
12/25/2006 - 01/07/2007		01/10/2007	01/19/2007**
		01/17/2007*	01/26/2007

*Warrants may be delayed due to holidays

**Holiday week, checks issued on schedule, but will arrive late due to the holiday.

CHILD FOSTER CARE PAYMENT SCHEDULE

BILLING PERIOD DATES		BILLING DUE IN CENTRAL OFFICE	TENTATIVE WARRANT
BEGIN	END	INVOICE DUE DATE	APPROXIMATE DELIVERY DATE
01/08/2007 - 01/21/2007		01/24/2007	02/09/2007
		01/31/2007	02/09/2007
01/22/2007 - 02/04/2007		02/07/2007	02/16/2007
		02/14/2007	02/23/2007**
02/05/2007 - 02/18/2007		02/21/2007*	03/02/2007
		02/28/2007	03/09/2007
02/19/2007 - 03/04/2007		03/07/2007	03/16/2007
		03/14/2007	03/23/2007
03/05/2007 - 03/18/2007		03/21/2007	03/30/2007
		03/28/2007	04/06/2007
03/19/2007 - 04/01/2007		04/04/2007	04/13/2007
		04/11/2007	04/20/2007
04/02/2007 - 04/15/2007		04/18/2007	04/27/2007
		04/25/2007	05/04/2007
04/16/2007 - 04/29/2007		05/02/2007	05/11/2007
		05/09/2007	05/18/2007
04/30/2007 - 05/13/2007		05/16/2007	05/25/2007
		05/23/2007	06/01/2007**
05/14/2007 - 05/27/2007		05/30/2007*	06/08/2007
		06/06/2007	06/15/2007
05/28/2007 - 06/10/2007		06/13/2007	06/22/2007
		06/20/2007	06/29/2007
06/11/2007 - 06/24/2007		06/27/2007	07/06/2007**
		07/05/2007*	07/13/2007

*Holiday short workweek. Bills will be processed late. Resulting in late payments.

** Holiday week, checks issued on schedule, but will arrive late due to the holiday.

NOTE: Invoices can be mailed the Friday before the pay period ends.

CHILD FOSTER CARE PAYMENT SCHEDULE

BILLING PERIOD DATES		BILLING DUE IN CENTRAL OFFICE	TENTATIVE WARRANT
BEGIN	END	INVOICE DUE DATE	APPROXIMATE DELIVERY DATE
6/25/2007 - 07/08/2007		07/11/2007	07/20/2007
		07/05/2007	07/13/2007
07/09/2007 - 07/22/2007		07/25/2007	08/03/2007
		08/01/2007	08/10/2007
07/23/2007 - 08/05/2007		08/08/2007	08/17/2007
		08/15/2007	08/24/2007
08/06/2007 - 08/19/2007		08/22/2007	08/31/2007
		08/29/2007	09/07/2007**
08/20/2007 - 09/02/2007		09/05/2007	09/14/2007
		09/12/2007	09/21/2007
09/03/2007 - 09/16/2007		09/19/2007*	09/28/2007
		09/26/2007	10/05/2007
09/17/2007 - 09/30/2007		10/03/2007	10/12/2007
		10/10/2007	10/19/2007
10/01/2007 - 10/14/2007		10/17/2007	10/26/2007
		10/24/2007	11/02/2007
10/15/2007 - 10/28/2007		10/31/2007	11/09/2007
		11/07/2007	11/16/2007
10/29/2007 - 11/11/2007		11/14/2007*	11/23/2007**
		11/21/2007*	11/30/2007
11/12/2007 - 11/25/2007		11/28/2007	12/07/2007
		12/05/2007	12/14/2007
11/26/2007 - 12/09/2007		12/12/2007	12/21/2007
		12/19/2007	12/28/2007**
12/10/2007 - 12/23/2007		12/27/2007* Thurs	01/04/2008**
		01/02/2008*	01/11/2008
12/24/2007 - 01/06/2008		01/09/2008	01/18/2008**
		01/16/2008*	01/25/2008

*Holiday short workweek. Bills will be processed late. Resulting in late payments.

** Holiday week, checks issued on schedule, but will arrive late due to the holiday.

NOTE: Invoices can be mailed the Friday before the pay period ends.

NOTES



Quantity: 20,000
Cost: \$11,337.19 (.57 ea.)
Authority: DHS Director

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